

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30745**

1. Entity Name

**R.I.A. PENSACOLA LIMITED PARTNERSHIP**

FILED  
02 FEB - 8 AM 8:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

~~1200 CHAGRIN BLVD #102~~  
~~BEACHWOOD OH 44122~~

~~3355 RICHMOND ROAD~~  
~~BEACHWOOD OH 44122~~

2. Principal Place of Business

**3355 RICHMOND ROAD**

3. Mailing Address

**3355 RICHMOND ROAD**

Suite, Apt. #, etc.

**231A**

Suite, Apt. #, etc.

**231A**

City & State

**BEACHWOOD, OH**

City & State

**BEACHWOOD, OH**

4. FEI Number

**31-1310040**

Applied For

Not Applicable

Zip

**44122**

Country

**USA**

Zip

**44122**

Country

**USA**

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

**\$338,500.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	
NAME	<b>WEINGART, NED S.</b>
STREET ADDRESS	<del>2321R CHAGRIN BLVD #102</del>
CITY-ST-ZIP	<del>BEACHWOOD OH 44122</del>
DOCUMENT #	<b>P31522</b>
NAME	<b>EQUITY PLANNING HLDG. CO</b>
STREET ADDRESS	<del>2321R CHAGRIN BLVD #102</del>
CITY-ST-ZIP	<del>BEACHWOOD OH 44122</del>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	<b>3355 RICHMOND ROAD, SUITE 231A</b>
CITY-ST-ZIP	<b>BEACHWOOD, OH 44122</b>
STREET ADDRESS	<b>3355 RICHMOND ROAD, SUITE 231A</b>
CITY-ST-ZIP	<b>BEACHWOOD, OH 44122</b>
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

**7000004917577--4**  
**-02/13/02--01110--006**  
**\*\*\*\*535.00 \*\*\*\*535.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**WEINGART**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER  
GENERAL PARTNER

**JAN. 11, 2002**

**(216) 595-0780**

Date Daytime Phone #

CR2E003 (9/01)